PTO/SB/80 (1-08)

TO CNEY Docket: 0524-0139.0|

Approved for use through 11/302/11.0/J 080951-0909

U.S. Patent and Trademark Officio, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unrises it displays a valid OMB control number.

hereby revoke all p 37 CFR 3,73(b).	revious powers of attorney	given in the	e applicati	on identified in	the att	ached state	ment under
hereby appoint:							
Practitioners associ	siated with the Customer Number:						
OR		L					
✓ Practitioner(s) nan	ned below (if more than ten patent	practitioners	are to be na	ned, then a custor	ner numb	er must be us	ed);
Name		Registration Number		Na	me		Registration Number
Edward D. Manzo		28,139	200				
Mark J. Murphy		34,225	34,225				
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned upto the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 3 ToPR 3.75 and 1.75 are stated to the form in accordance with 3 ToPR 3.75 are stated to the form in accordance with 3 ToPR 3.75 are stated to the form in accordance with 3 ToPR 3.75 are stated to the form and the stated to the form as a state of the form and the stated to the form as a state of the form and the state of the form as a state of the form as a state of the s							
Please change the corre	spondence address for the applic	ation Identifled	I in the attac	hed statement und	der 37 CF	R 3.73(b) to:	
The address a	24628						
Firm or	T						
Address							
Audiess							
City		State				Zip	
Country							
Telephone			E	mail			
	1						
Assignee Name and Ad	dress:						
Hoya Corporation	-Chome, Shinjuku-ku						
7-5, Naka-Ochiai 2 Tokyo 161-0032	JAPAN						
•				- prompt			a mailion al des la se
filed in each applica	together with a statement υ ation in which this form is us	ed. The st	atement ur	nder 37 CFR 3.7	'3(b) ma	ıv be comple	eted by one of
the practitioners an	pointed in this form if the ap ne application in which this	pointed pro	actitioner i	s authorized to	act on	behalf of the	assignee,
and must identify ti							
SIGNATURE of Assignee of Record The individual whose signature and tiple is supplied below is authorized to act on behalf of the assignee							
Signature	Day	errex	She .	١	Date	Vov 9	10
Name			tiroshi	SURUKI	Telepho	ne 8/-3-	3952-115
Title	on is required by 37 CFR 1.31, 1.32 a	od 1 22 The In	recider	outrart to obtain or re	E()	efit by the public	which is to file fond
	on is required by 37 CFR 1.31, 1.32 as an application. Confidentiality is gove tering, preparing, and submitting the c						

comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be set to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commentee, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND TECS OR COMPLETED FORMSTO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.